CORRESPONDENCE

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A Case of Borderline Tuberculoid Leprosy Presenting with Papulonodular Lesions

TO THE EDITOR:

A classical borderline tuberculoid leprosy patient[1] usually presents with macules or plaques resembling tuberculoid leprosy but the lesions are more in number with a lesser degree of dryness, hair loss, and sensory loss. Recently, we encountered an interesting case of borderline tuberculoid leprosy with characteristic skin histopathology, presenting with innumerable plaques, papules, and nodules.

The patient, a 50-year-old man, was referred to our hospital with eruptions all over the body of 2 months' duration. There was no history of contact or of having taken antileprosy treatment. On examination, the patient had innumerable plaques, papules, and nodules all over the body, more on the

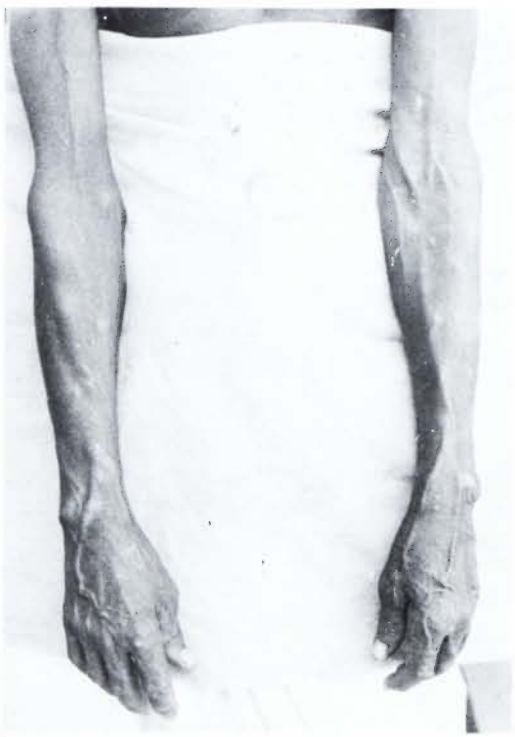

FIG. 1. Plaques and nodules on both upper limbs.

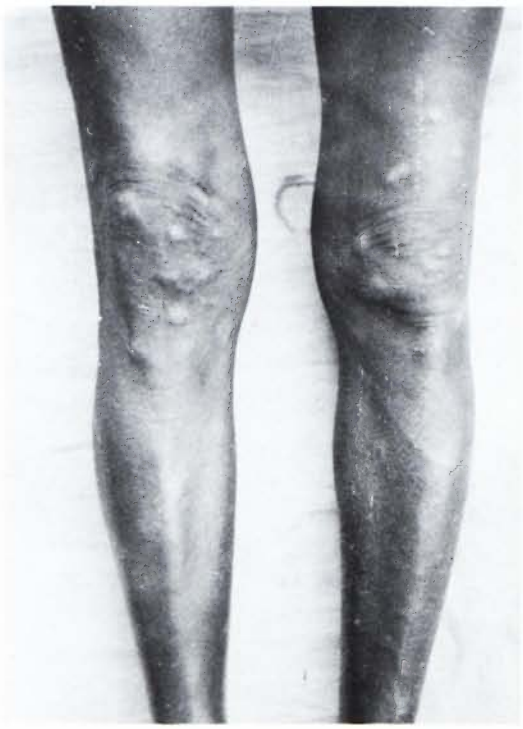

FIG. 2. Plaques, nodules, and macules on both lower limbs.

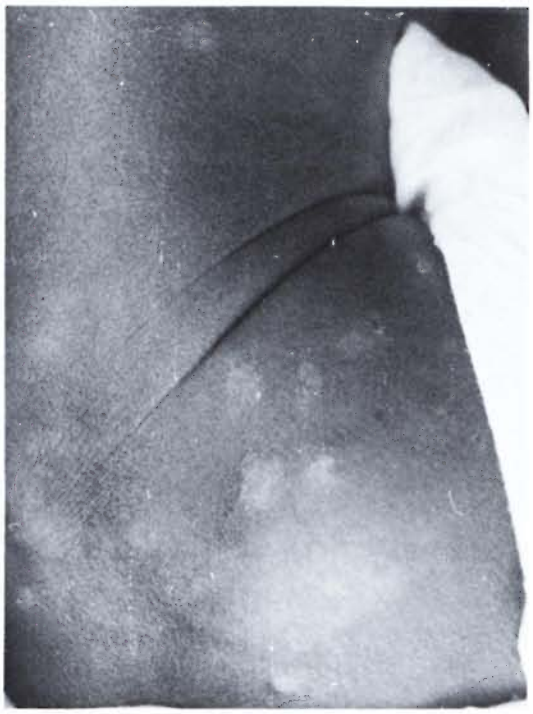

FIG. 3. Plaques on the buttocks.

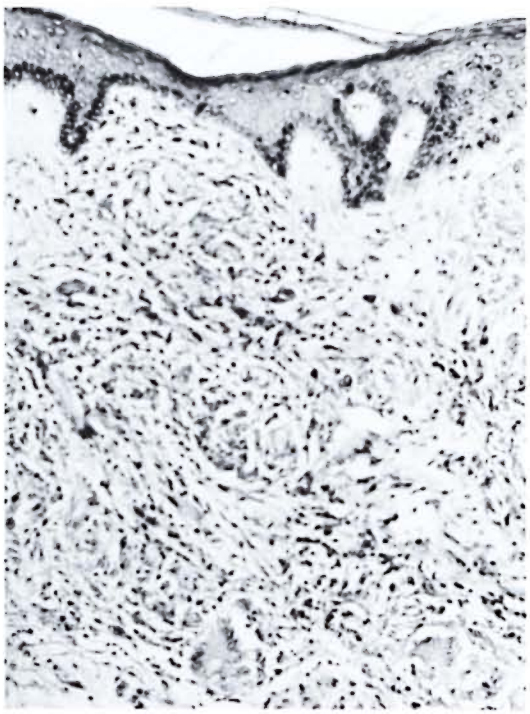

FIG. 4. Skin biopsy showing classical features of BT leprosy (H&E ×40).

extremities, varying in size from 0.3 cm to 1.5 cm in diameter (Figs. 1, 2, and 3). Nodules were also present on both ears. The plaques were well defined and erythematous. A few hypopigmented macules were seen on the lower limbs (Fig. 2). There was no sensory loss on either the skin lesions or in the glove-and-stocking area. There was no nerve thickening.

Slit-skin smears for acid-fast bacilli were done twice and were found negative. A lepromin test was positive with a late reading of 9 mm. Biopsies taken from a plaque and a nodule at two different sites revealed a normal epidermis with extensive epithelioid and giant-cell granulomas with moderate lymphocytic infiltration in the dermis. There was partial destruction of appendages and nerves. Acid-fast staining (hematoxylin and eosin) was positive with a bacterial index of 1+ to 2+ (Fig. 4). A diagnosis of borderline tuberculoid Hansen's disease was made.

In conclusion, this patient presented with a generalized skin disease clinically consistent with lepromatous leprosy. However, skin smears were negative and skin biopsy showed the characteristic picture of borderline tuberculoid leprosy. The positive lepromin test also indicates an intact cell-mediated immune response to *Mycobacterium leprae*. Although there is no histological evidence to prove that this disease started as lepromatous leprosy, taking into consideration the generalized papulonodular disease we presume that the patient would have upgraded to borderline tuberculoid leprosy from the lepromatous end of the spectrum.

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